## ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents Alexandria, Virginia 22313-1450 (703)746-4000

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20995

08/08/2003

KNOBBE MARTENS OLSON & BEAR LLP

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Rose M.	Thi	lessen,	Ph.D.	(De	posinor's name)
10	/h				(Signature)
August 2	22,	2003			(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/489,588	01/21/2000	Mark C. Shuhs	DEXCOM-04114	6019

TITLE OF INVENTION: DEVICE AND METHOD FOR DETERMINING ANALYTE LEVELS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0	\$650	11/10/2003
EXAMI	NER	ART UNIT	CLASS-SUBCLASS		
NASSER, ROBERT L		3736	600-584000	·	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2			
Address form PTO/SB/I	22) attached.				& Bear LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DexCom, Inc.

## San Diego, California

lease check the appropriate assignee category or categories (will not be printed on the patent)		O individual	corporation or other private group entity	O governmen	
a. The following fee(s) are enclosed:	4b. Payment of Fee(s):	*		<u> </u>	
■ Issue Fee	A check in the amount of the fee(s) is enclosed.				
O Publication Fee	☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies 10	■ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Denosit Account Number 11 - 14 10 (enclose an extra conv of this form).				

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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